

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Osamu KIMOTO

Serial No. 10/658,013

Confirmation No. 4037

Filed: September 9, 2003

For: Color Image Communication Device and Color Image
Communication Method

Art Unit: 2625

Examiner: Menberu, Beniham

I hereby certify that this correspondence is
being transmitted via electronic filing to:Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

December 17, 2008

Date of Deposit

Juanita Soberanis

Name

Signature *Juanita Soberanis* 12/17/2008

Signature

Date

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Reply and Request for Reconsideration under 37 CFR 1.116.
☒ Transmittal of Verified English Translation of Priority Document (JP 2002-302521).
☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE	
TOTAL CLAIMS FEE	19	-	20	**	0	LG=\$52 SM=\$28	\$ 0	
INDEPENDENT CLAIMS FEE	5	-	6	***	0	LG=\$220 SM=\$110	\$ 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$195		\$ 0	
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$270 FOR EACH ADDITIONAL 50 SHEETS		\$ 0	
Independent Claims: 1, 6, 13, 18 and 23							TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$-0- to cover the additional claims fee to Deposit Account No. 50-1314.
☐ Please charge the amount of \$-0- to cover the extension fee to Deposit Account No. 50-1314.
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

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Date: December 17, 2008

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